



POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION

III

SITE NUMBER (to be assigned by Hq)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Frankford Arsenal		B. STREET (or other identifier) Bridge & Tacony Streets	
C. CITY Philadelphia	D. STATE PA	E. ZIP CODE 19137	F. COUNTY NAME Philadelphia
G. OWNER/OPERATOR (if known) 1. NAME US Government (T. Panaccio) Frankford Arsenal Caretaker Facility		2. TELEPHONE NUMBER 215-533-0367	
H. TYPE OF OWNERSHIP <input checked="" type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			

I. SITE DESCRIPTION

former military installation

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)

EPA federal facility list

K. DATE IDENTIFIED
(mo., day, & yr.)
8/25/80

L. PRINCIPAL STATE CONTACT

1. NAME

2. TELEPHONE NUMBER

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM

☐ 1. HIGH ☐ 2. MEDIUM ☒ 3. LOW ☐ 4. NONE ☐ 5. UNKNOWN

B. RECOMMENDATION

☐ 1. NO ACTION NEEDED (no hazard)

☐ 2. IMMEDIATE SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR:

☐ 3. SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR:

b. WILL BE PERFORMED BY:

b. WILL BE PERFORMED BY:

☒ 4. SITE INSPECTION NEEDED (low priority)
for PCB compliance

C. PREPARER INFORMATION

1. NAME

Michael A. Pelensky

2. TELEPHONE NUMBER

609-665-1515

3. DATE (mo., day, & yr.)

5/22/81

III. SITE INFORMATION

A. SITE STATUS

☐ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if intermittently.)

☒ 2. INACTIVE (Those sites which no longer receive wastes.)

☐ 3. OTHER (specify):
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

☒ 1. NO

☐ 2. YES (specify generator's four-digit SIC Code):

C. AREA OF SITE (in acres)

110 acres

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES

1. LATITUDE (deg.,-min.,-sec.)

2. LONGITUDE (deg.,-min.,-sec.)

E. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO

☒ 2. YES (specify):

Laboratory buildings, machine shops, bunkers, manufacturing offices—mostly closed following decontamination. Open buildings primarily for caretaker and security functions.

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

X	A. TRANSPORTER	X	B. STORER	X	C. TREATER	X	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION		1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS. TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Arsenal closed Sept. 30 1977. Army in-house and contractor hazard assessments and decontamination completed. Formerly a munitions manufacturing and research and development site.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. UNKNOWN ☒ 2. LIQUID ☒ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

PCBs (transformers, capacitors and minor cleanup)

B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE

☒ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount(specify unit of measure)of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
X (1) PAINT, PIGMENTS	X (1) OILY WASTES	X (1) HALOGENATED SOLVENTS	X (1) ACIDS	X (1) FLYASH	X (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	X (2) OTHER (specify): PCBs contained in 106 transformers, 196 capacitors, 3 drums of liquid and less than one drum of PCB cleanup waste.	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

recycled paper

ecology and environment, inc.

ORIGINAL
(Red)

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V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

PCBs

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

Arsenal buildings and lands decontaminated and according to US Army Toxic and Hazardous Materials Agency, 13 Feb 81, requirements for unrestricted use have been met.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH	X			PCB transformers and capacitors
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS	X			PCBs
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

None since currently a caretaker facility

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT (specify):
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☐ 10. OTHER (specify):

B. IN COMPLIANCE?

- ☐ 1. YES ☐ 2. NO ☐ 3. UNKNOWN

Not applicable

4. WITH RESPECT TO (list regulation name & number):

VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE ☐ B. YES (summarize below)

Not applicable

IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
survey and assessment	6/77-8/78	USATHMA & Battelle Labs	Determination of quality and quantity of contamination

X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
decontamination	9/79-1/81	Rockwell International	Cleanup of metal residues, explosives and radiological contaminants including off site disposal.

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.